



See Attached Sheet for Instructions

NOTICE OF INTENT (NOI)
For Stormwater Runoff from Industrial Activity
Authorized by a Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form desires to be authorized by an NPDES permit issued for stormwater runoff from industrial activity in the State of Kansas. Becoming a permittee obligates the discharger to comply with the terms and conditions of the Kansas NPDES Stormwater Runoff from Industrial Activity General Permit. **Completion of this NOI does not provide automatic coverage under the general permit. Coverage is provided and discharge permitted when the Kansas Department of Health and Environment (KDHE) authorizes the NOI. A signed and dated copy of the authorized NOI will be provided to the owner or operator.** Upon authorization of the NOI, a Kansas permit number and a Federal permit number will be assigned to the industrial facility. ONLY COMPLETE NOI FORMS ACCOMPANIED BY THE \$60 ANNUAL PERMIT FEE WILL BE PROCESSED. KDHE WILL NOTIFY PERSONS WHOSE NOI FORMS ARE INCOMPLETE, DEFICIENT, OR DENIED.

Please Print or Type.

I. FACILITY OWNER OR OPERATOR INFORMATION

Owner or Operator's Name: _____ Contact Name: _____
Company Name: _____ Company Name: _____
Owner or Operator's Phone: _____ Contact Phone: _____
Mailing Address: _____ E-mail Address: _____
City: _____ State: _____ Zip Code: _____

II. FACILITY INFORMATION

A. LOCATION

Industrial Facility Name: _____ Facility Contact Name: _____
Street Address: _____ Company Name: _____
City: _____ State: _____ Zip Code: _____ Contact Phone: _____
County: _____ E-mail Address: _____
Physical Location: _____

_____ South, _____ E; _____ W;
QTR QTR QTR Section Township Range

For Official Use Only:

Received	Paid	Authorized <input type="checkbox"/> Y; <input type="checkbox"/> N
	Date:	
	Initials:	
	Check No:	Reviewer
Secretary, Kansas Department of Health and Environment		Date
KS Permit No. . _____		Federal Permit No. _____

To receive a hard copy of the general permit packet, check yes: ☐ Y; ☐ N

Send completed form with original signature to:

KDHE Contact Information:

Kansas Department of Health and Environment
Bureau of Water, Industrial Programs Section
1000 SW Jackson, Suite 420
Topeka, KS 66612 - 1367

Phone: (785) 296-5545
E-mail: stormwater@kdhe.state.ks.us

B. EXISTING CONDITIONS/USESIs any part of the Facility located on Indian lands? ☐ Y; ☐ N

If yes, contact EPA regarding discharging stormwater runoff from industrial activities on Indian lands.

If stormwater runoff drains to or through a Municipal Separate Storm Sewer System; MS4 Name: _____

Name of the first receiving water; stream; or lake: _____ River Basin: _____

Are any Critical Water Quality Management Areas, Special Aquatic Life Use Waters,
or Outstanding National Resource Waters located within 1/2 mile of the facility boundary? ☐ Y; ☐ N

SIC/Activity Codes: _____ Primary: _____ Secondary (if applicable): _____

If this facility has another existing NPDES or Kansas Water Pollution Control permit(s). Enter the permit number(s): _____

C. FACILITY DESCRIPTION

Facility Description: _____

Is this a new facility? ☐ Y; ☐ NIf yes, has the facility contacted the Kansas State Historical Society to determine if the new facility is located within 1/2 mile of any historic properties? ☐ Y; ☐ NIf yes, has the facility contacted the Kansas Department of Wildlife and Parks to determine if the new facility is located within 1/2 mile of any threatened or endangered species habitat? ☐ Y; ☐ N**III. ANNUAL FEE**

Enclose a check for the first year of the annual permit fee specified in K.A.R. 28-16-56 et seq. as amended. Make the check payable to "KDHE". Per K.A.R. 28-16-56, as amended, the current annual permit fee for this general permit is \$60. An invoice for the annual permit fee will be sent to the contact person requesting a permit until such time as the permittee submits a Notice of Termination (NOT).

IV. NOI CERTIFICATIONS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I understand that continued coverage under the NPDES general permit for Stormwater Runoff from Industrial Activity is contingent upon maintaining eligibility as provided for in the requirements and conditions of the general permit, and paying the annual fee.

Signature (owner, operator, or duly authorized representative)_____
Date_____
Name and Official Title (Please Print)